EXHIBIT B

Case @ade 06510725-1610C 87211	1 2 100	156 Leur 16 17 18 18 18 18 18 18 18 18 18 18 18 18 18	19Plige Pa	9 9 2019
• .	PRC	OOF OF CLAIM	J	•
N. C.	Onc. N			
Traine of Bobton	Case Number:			
USA Commercial Mortgage Company	06-107	'25-LBR		
NOTE: See Reverse for List of Debtors and Case Numbers.				
This form should not be used to make a claim for an administrative expe		Check box if you are		
arising after the commencement of the case. A "request" for payment of administrative expense may be filed pursuant to 11 U.S.C. § 503.	πan	aware that anyone else has filed a proof of claim relating		Y OWED MONEY BY A BORROWER
Name of Creditor and Address:		to your claim. Attach copy of statement giving particulars.	DEBTORS YOU	BEING SERVICED BY THE DO <u>NOT</u> HAVE TO FILE A PROOF
11321242034155	5		OF CLAIM. THIS	INCLUDES MONEY FROM THAT LD IN THE COLLECTION ACCOUNT.
BRUGGEMANS, PAUL		Check box if you have never received any notices	- STATISTICS NE	III OOMEONON ACCOUNT.
385 WEST TAHQUITZ CANYON WAY PALM SPRINGS CA 92262		from the bankruptcy court or BMC Group in this case.		IS PROOF OF CLAIM FOR A REST IN A BORROWER THAT IS NOT
THE STATE OF SELVE		Check box if this address	ONE OF THE DE	BTORS.
760 3155059		differs from the address on the		sady filed a proof of claim with the or BMC, you do not need to file again.
Creditor Telephone Number(envelope sent to you by the court.		E IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies d	ebtor:	Chark here T repla		
Ace# 1102 CLIENT#13	143	Check here	a previously	filed claim dated:
1. BASIS FOR CLAIM	Retiree b	enefits as defined in 11 U.S.	C. § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death	Wages, s	salaries, and compensation (fill out below)	Other claims against servicer
Services performed Taxes		digits of your SS #:	142	(not for loan balances)
Money loaned Other (describe briefly)	Unpaid c	compensation for services pe	rformed from:	to
2. DATE DEBT WAS INCURRED:	3. IF C	OURT JUDGMENT, DATE O	BTAINED:	(date)
4. CLASSIFICATION OF CLAIM. Check the appropriate box or boxes that				he time case filed.
See reverse side for important explanations.		SECURED CLAIM		
UNSECURED NONPRIORITY CLAIM \$ Check this box if: a) there is no collateral or lien securing your claim, or b)	vour claim	Check this box if you	our claim is secu	red by collateral (including
exceeds the value of the property securing it, or if c) none or only part of yo	ur claim is	a right of setoff).		A Ca. A A Some Assessment
entitled to priority. UNSECURED PRIORITY CLAIM				RGUARITH ANNEY
Check this box if you have an unsecured claim, all or part of which is		Real Estate		
entitled to priority.		Value of Collateral		2.600.000
Amount entitled to priority \$		Amount of arrearage as secured claim, if any:	nd other charges	at time case filed included in
Specify the priority of the claim: Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)	_			
Wagas, salarles, or commissions (up to \$10,000)*, earned within 180 days	L	Up to \$2,225° of deposits town services for personal, family, or		
before filing of the bankruptcy petition or cessation of the debtor's		Taxes or penalties owed to go		
business, whichever is earlier - 11 U.S.C. § 507(a)(4).		Other - Specify applicable pan	agraph of 11 U.S.C	. § 507(a) ().
Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).		* Amounts are subject to adju- with respect to cases commer		
5. TOTAL AMOUNT OF CLAIM \$	20	20.000\$		\$ 100.000
AT TIME CASE FILED: (unsecured)	(8	ecured)	(priority)	(Total)
Check this box if claim includes interest or other charges in addition to the	e principal	amount of the claim. Attach ite	mized statement o	of all interest or additional charges.
6. CREDITS: The amount of all payments on this claim has been cred				
7. SUPPORTING DOCUMENTS: <u>Attach copies of supporting docu</u> running accounts, contracts, court judgments, mortgages, security a	igreement:	s, and evidence of perfection	of lien. DO NO	oices, itemized statements of T SEND ORIGINAL
DOCUMENTS. If the documents are not available, explain. If the d	ocuments	are voluminous, attach a sui	mmary.	
8. DATE-STAMPED COPY: To receive an acknowledgment of the proof of claim.	filing of y	our claim, enclose a stampe	d, self-addressed	l envelope and copy of this
The original of this completed proof of claim form must be sent				THIS SPACE FOR COURT
ACCEPTED) so that it is actually received on or before 5:00 pm, for each person or entity (including individuals, partnershipa, c	, prevailin omoratio	g Pacific time, on Novemb ns. loint ventures, truste si	er 13, 2006 nd	USE ONLY
governmental units).	•			
BY MAIL TO: BMC Group	BMC Gro	•		
Attn: USACM Claims Docketing Center P. O. Box 911		CM Claims Docketing Cente t Franklin Avenue	r	
El Segundo, CA 90245-0911	El Seguno	do, CA 90245		
DATE SIGN and print the name and title, if any, of the this claim (attach copy of power of attorn	e creditor or	r other person authorized to file	12685	TANR
1 100 Vieceste	ت ت	THE PARCE		
		,.		

TED STATES BANKRUPTCY COURT PROOF OF CLAIM DISTRICT OF NEVADA Case Number: Name of Debtor. 06-10725-LBR USA Commercial Mortgage Co NOTE: See Reverse for List of Debtors and Case Numbers. Check box if you are This form should not be used to make a claim for an administrative expense Check sox if you are amore that anyone clee has filled a proof of claim relating to your claim. Attach copy of statement ghing particulars. prising after the commencement of the case. A "request" for payment of an doministrative expense may be filed pursuant to 11 U.S.C. § 503. Name of Creditor and Address: Priscilla M. Guptail P.O. Box 9550 Check box if you have ver received any notices in the benirupicy court or IC Group in this case. DO NOT FILE THIS PROOF OF CLAIM FOR A SECURISD INTERNEST IN A BORROWER THAT IS NOT ONE OF THE BESITORS. Bend, OR 97708 Check box if this address If you have already filed a proof of claim with the rs from the address on the ptcy Court or BMC, you do not need to file again. ope sent to you by the THIS SPACE IS FOR COURT USE ONLY or Telephone Number (it four digits of account or other number by which creditor identifies debtor. Check here a previously filed claim dated: if this claim 1. BASIS FOR CLASS Retiree benefits as defined in 11 U.S.C. § 1114(a) Unremitted principal Personal injury/wrongful death Goods sold Other claims against (not for loan belences) Wages, salaries, and compensation (fill out below) Taxes Services performed Last four digits of your SS#: Money loaned Other (describe briefly) Unpaid compensation for services performed from: (data) 2. IF COURT JUDGMENT, DATE OUTAINED: 2. DATE DEBT WAS BICKRED: A CLASSIFICATION OF MAIN. Check the appropriate box or boses that best describe your claim and state the amount of the claim at the time case filed See reverse side for important explanations. MECHANIST NOMPRIORITY CLAME \$ Check this box if your claim is secured by colleteral (including Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is a right of setoff). **Alltied** to priority. Brief description of colleteral: **ECURED PRIORITY CLAIM** Real Estate Motor Vehicle Other Check this box if you have an unsecured claim, all or part of which is Value of Collateral: entitled to arignity. Amount entitled to priority Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _ Specify the priority of the claim: Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) Up to \$2,225" of deposits toward purchase, lease, or rental of property services for personal, family, or household use -11 U.S.C. \$ 507(a)(7). Wieges, selectes, or commissions (up to \$10,000)*, earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4). Taxes or penelties owed to governmental units - 11 U.S.C. § 507(a)(8). Other - Specify applicable paragraph of 11 U.S.C. § 507(a) (__ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5). * Amounts are subject to adjustment on 4/1/07 and every 3 years than with respect to cases commenced on or after the date of adjustment. B. TOTAL AMOUNT OF CLAIM \$ UNKNOUNS 25,000 \$ \$ UNKNOUM AT TIME CASE FILED: (secured) (unsecured) (priority) (Total) Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges. 6. CREDITS: The amodition all payments on this claim has been credited and deducted for the purpose of making this proof of claim. 7. SUPPORTING DOCUMENTS: Attach copies of supporting documents, such as promissory notes, purchase orders, involces, ite running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. DATE-STAMPED COPY: To receive an acknowledgment of the filling of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim. The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT THIS SPACE FOR COURT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006 LISE ONLY for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units). BY 1941-10: BMC Group BY HAND OR OVERHIGHT DELIVERY TO: BMC Group Attn: USACM Claims Docketing Center Attn: USACM Claims Docketing Center P. O. Box 911 1330 East Franklin Avenue El Segundo, CA 90245-0911 El Segundo, CA 90245 SIGN and print the name and tile, if any, of the creditor or other pr DATE Priscilla M. Guptail

		PRO	OOF OF CLAIM		
Name of Debtor:		Case Nu	mher		
USA CON	MMERCIAL MORTGAGE MPANY		-10725-LBR		
This form should not be used arising after the commencent	of Debtors and Case Numbers. I to make a claim for an administrative enert of the case. A "request" for paymer be filed pursuant to 11 U.S.C. § 503.		Check box if you are aware that anyone else has filed a proof of claim relating		
OF THE DO TRUST 2/20 3686 CHERO	113212410086 ND BEVERLY W SWEZEY TRUSTEE NALD SWEZEY AND BEVERLY W SWE 1/01 OKEE DR TY NV 89705-8813 1775-883-4897		to your claim. Attach copy of statement giving perticulars. Check box if you have never received any notices from the bankruptcy court or BMC Group in this case. Check box if this address differs from the address on the envelope sent to you by the court.	SECURED INTE ONE OF THE DE if you have all Bankruptcy Cour	HIS PROOF OF CLAIM FOR A REST IN A BORROWER THAT IS NOT ESTORS. ready filed a proof of claim with the t or BMC, you do not need to file again. CE IS FOR COURT USE ONLY
	other number by which creditor identifie	a debtor:	Check here napia	0.000.001.00	y filed claim dated:
1. BASIS FOR CLAIM Goods sold Services performed Money loaned	Personal injury/wrongful death Taxes Other (describe briefly)	Wages, Last fou	benefits as defined in 11 U.S. saiaries, and compensation (r digits of your SS #: compensation for services pe	C. § 1114(a) fill out below)	Unremitted principal Other claims against service (not for loan balances)
2. DATE DEBT WAS INCUR	RRED: AMM. Check the appropriate box or boxes to		OURT JUDGMENT, DATE O		(date) (date)
Check this box if: a) there is exceeds the value of the pre-entitled to priority. UNSECURED PRIORITY CL	TY CLAIM \$ 50, 000, 2013 is no colleteral or lien securing your claim, or roperty securing it, or if c) none or only part of		a right of setoff). Brief description of Real Estate Value of Collateral:	collateral: Motor Vehicle:	
Specify the priority of the c	laim: na under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)		secured claim, if any: Up to \$2,225" of deposits tows	srd purchase, leas	
before filing of the bankrup business, whichever is ear	seions (up to \$10,000)*, earned within 180 de try petition or cessation of the debtor's lier - 11 U.S.C. § 507(a)(4). ree benefit plan - 11 U.S.C. § 507(a)(5).	y* [Taxes or penalties owed to go Other - Specify applicable part *Amounts are subject to adjust	vernmental units - agraph of 11 U.S.C	11 U.S.C. § 507(a)(8). C. § 507(a) (). Ind every 3 years thereafter
5. TOTAL AMOUNT OF CLA AT TIME CASE FILED: Check this box if claim inci	AIM \$ 50,000.92 \$ (unsecured) udes interest or other charges in addition to	(1	secured) amount of the claim. Attach ite	(priority)	\$ 50,000,00 (Total)
running accounts, contract DOCUMENTS. If the doc	of all payments on this claim has been or MENTS: Attach cooles of supporting do to, court judgments, mortgages, security currents are not available, explain. If the PY: To receive an acknowledgment of the contents of the contents are not available.	<i>cuments</i> , so y agreements o documents	uch as promissory notes, purc is, and evidence of perfection s are voluminous, attach a sur	chase orders, im of lien. DO NO mmary.	voices, Itemized statements of T SEND ORIGINAL
The original of this com ACCEPTED) so that it is for each person or entit governmental units). BY MAIL TO: BMC Group Attn: USACM Claims Doo P. O. Box 911 El Segundo, CA 90245-06	911	m, prevailir, corporation BY HAND BMC Gro Attn: USA 1330 Eas El Segun	ng Pacific time, on Novembers, Joint ventures, trusts and OR OVERNIGHT DELIVERY TO UP ACM Claims Docketing Centers Franklin Avenue do, CA 90245	er 13, 2008 ad	THIS SPACE FOR COURT USE ONLY
1/09/2007	SIGN and print the name and title, if any, of this claim (attach copy of power of atta	the creditor or omey, if any):	r other person authorized to file		

Penelty for presenting freudulent claim is a fine of up to \$600,000 or imprisonment for up to 5 years, or both. 18 U.S.C. \$ 152 AND 3571

			PROOF OF CLAIM		YOUR CL	AIM IS SCHEDULED AS:
Nai	me of Debtor:	the State Control of the State	Case Nu	ımber:	Schedule/Claim II	
	USA Commercial M	ortgage Company	06-107	725-LBR	Amount/Classifica	
		,			\$28,668.95 Unse	cured
This arisi	form should not be used ing after the commencem	of Debtors and Case Numbers. to make a claim for an administrative exent of the case. A "request" for payment	pense of an	Check box if you are aware that anyone else has filed a proof of claim relating		SHORES II
Na	me of Creditor and 脚翼翻翻翻翻翻 DONALD H PINSI 8650 W VERDE V LAS VEGAS, NV		003025	to your claim. Attach copy of statement giving particulars. Check box if you have never received any notices from the bankruptcy court or BMC Group in this case. Check box if this address differs from the address on the envelope sent to you by the	scheduled by the D you agree with the other claim agains this proof of claim if the amounts sh Unliquidated or D filed. If you have alro Bankruptcy Court	cted above constitute your claim as bebtor or pursuant to a filed claim. If amounts set forth herein, and have no to the bebtor, you do not need to file EXCEPT as stated below. Sown above are listed as Contingent, is puted, a proof of claim must be easy filed a proof of claim with the or BMC, you do not need to file again.
	ditor Telephone Number (court.	THIS SPAC	E IS FOR COURT USE ONLY
Last	t four digits of account or	other number by which creditor identifies	debtor:	Check here replain or amer	 a previously 	filed claim dated:
	ASIS FOR CLAIM		Retiree b	penefits as defined in 11 U.S	.C. § 1114(a)	Unremitted principal
	Goods sold	Personal injury/wrongful death	Wages,	salaries, and compensation	(fill out below)	Other claims against servicer
	Services performed	☐ Taxes		digits of your SS #:		(not for loan balances)
	Money loaned	Other (describe briefly)	Unpaid o	compensation for services pe	orformed from:	to
2. D	ATE DEBT WAS INCUR	RED:	3. IF C	OURT JUDGMENT, DATE O	OBTAINED:	(00.0)
		IM. Check the appropriate box or boxes that	best describ	oe your claim and state the amou	nt of the claim at the	e time case filed.
	ee reverse side for important	·		SECURED CLAIM		
	SECURED NONPRIORIT Check this box if: a) there is	no collateral or lien securing your claim, or b) y	our daim	Check this box if y	our claim is secu	red by collateral (including
_	exceeds the value of the pro	perty securing it, or if c) none or only part of you		a right of setoff).		
LINS	entitled to priority. SECURED PRIORITY CL	ΔIM		Brief description of	_	<u> </u>
П		n unsecured claim, all or part of which is		Real Estate		Other
Γ	entitled to priority.			Value of Collateral	: \$	
	Amount entitled to priority Specify the priority of the cla	\$		Amount of arrearage a secured claim, if any:		at time case filed included in
	7 7 7	s under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)	Г	Up to \$2,225* of deposits towa	ard purchase, lease.	or rental of property or
		sions (up to \$10,000)*, earned within 180 days	_	services for personal, family, o		
ш	before filing of the bankrupto business, whichever is earlie	y petition or cessation of the debtor's		Taxes or penalties owed to go	vernmental units - 1	1 U.S.C. § 507(a)(8).
		e benefit plan - 11 U.S.C. § 507(a)(5).		Other - Specify applicable para		* '''
-	Continuation to an employe	2 2011 m. p.a.i		* Amounts are subject to adjust with respect to cases commen		
	OTAL AMOUNT OF CLA	IM \$ \$		\$		\$
/	AT TIME CASE FILED:	(unsecured)	(s	secured)	(priority)	(Total)
	Check this box if claim inclu	des interest or other charges in addition to the	ne principal	amount of the claim. Attach ite	emized statement o	of all interest or additional charges.
7. S	SUPPORTING DOCUM unning accounts, contract DOCUMENTS. If the doc	fall payments on this claim has been cre IENTS: Attach copies of supporting docu- its, court judgments, mortgages, security uments are not available, explain. If the Y: To receive an acknowledgment of the	<i>uments.</i> su agreemen documents	uch as promissory notes, pur ts, and evidence of perfection are voluminous, attach a su	chase orders, inv n of lien. DO NO ımmary.	roices, itemized statements of DT SEND ORIGINAL
	proof of claim.	To receive an acknowledgment of the	o ming or y	your claim, enclose a stampe	od, seil-addresse	2 envelope and copy of this
f	ACCEPTED) so that it is	pleted proof of claim form must be ser actually received on or before 5:00 pm (Including individuals, partnerships,	n, prevaili corporatio	ng Pacific time, on Novemb	per 13, 2006 and	THIS SPACE FOR COURT USE ONLY
E	BMC Group		BMC Gro	up ·		
	Attn: USACM Claims Dock P. O. Box 911	ceting Center		CM Claims Docketing Cente t Franklin Avenue	er	
LE	El Segundo, CA 90245-09		El Seguno	do, CA 90245		
DAT	1-11-07	IGN and print the name and title, if any, of the this claim (attach copy of power of attem		other person authorized to file	eled mad	

Cat 1	SE Wase 06-10725-1610 Clain	PRO	OF OF CLAIM	[· · · · · · · · · · · · · · · · · · ·	AM IS SCHEDULED AS	
Name of Debtor	Barrellin State and State and	Case Nu	mher	Schedule/Claim II		
				Amount/Classifica	tion	
USA Commercial	Mortgage Company	06-107	25-LBR	\$757 63 Unsecure		
This form should not be use arising after the commence	st of Debtors and Case Numbers and to make a claim for an administrative exp ment of the case A "request" for payment by be filed pursuant to 11 U S C § 503		Check box if you are aware that anyone else has filed a proof of claim relating			
Name of Creditor and	d Address THE STATE OF THE STA	00895	to your claim Attach copy of statement giving particulars Check box if you have never received any notices from the bankruptcy court or BMC Group in this case Check box if this address differs from the address on the envelope sent to you by the court	scheduled by the D you agree with the other claim against this proof of claim is if the amounts sho Uniquidated or D filed If you have alre Bankruptcy Court	ted above constitute your claim as ebtor or pursuant to a filed claim. If amounts set forth herein and have no the Debtor you do not need to file EXCEPT as stated below own above are listed as Contingent, isputed, a proof of claim must be ady filed a proof of claim with the or BMC you do not need to file again is FOR COURT USE ONLY	
	or other number by which creditor identifies	debtor				
	•		Check here replain or if this claim amer	, a previously	filed claim dated	
1 BASIS FOR CLAIM		Retiree b	enefits as defined in 11 U S	C § 1114(a)	Unremitted principal	
Goods sold	Personal injury/wrongful death	Wages, s	salaries, and compensation	(fill out below)	Other claims against servicer	
Services performed	∐ Taxes	Last four	digits of your SS #		(not for loan balances)	
Money loaned	Other (describe briefly)	Unpaid c	ompensation for services pe	erformed from	to (date) (date)	
2 DATE DEBT WAS INCU	RRED	3 IF C	OURT JUDGMENT, DATE O	BTAINED		
	LAIM Check the appropriate box or boxes that	best describ	e your claim and state the amou	nt of the claim at the	time case filed	
See reverse side for importar	1 1 1 1 1 1 1		SECURED CLAIM			
UNSECURED NONPRIOR Check this box if a) there	is no collateral or lien securing your claim or b) yo	our daim	Check this box if ye	our claım ıs secui	ed by collateral (including	
exceeds the value of the p	property securing it or if c) none or only part of you		a right of setoff)			
entitled to priority UNSECURED PRIORITY C	I AIM		Brief description of	f collateral		
	an unsecured claim all or part of which is		Real Estate	■ Motor Vehicle	Other	
entitled to priority	The state of the s		Value of Collateral	\$		
Amount entitled to priority	\$		Amount of arrearage a	nd other charges	at time case filed included in	
Specify the priority of the o	alaim		secured claim if any	\$		
Domestic support obligation	ons under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		Up to \$2 225* of deposits toward			
	sissions (up to \$10 000)*, earned within 180 days	_	services for personal family o		* ****	
	otcy petition or cessation of the debtor's riler 11 U S C § 507(a)(4)	님	Taxes or penalties owed to go			
Contributions to an employ	yee benefit plan 11 U S C § 507(a)(5)	ليا	Other Specify applicable para Amounts are subject to adjust			
			with respect to cases commen			
5 TOTAL AMOUNT OF CL	AIM \$ 1,500 \$		\$		\$	
AT TIME CASE FILED	(unsecured)	(s	ecured)	(pnonty)	(Total)	
Check this box if claim inc	cludes interest or other charges in addition to th	e principal	amount of the claim Attach ite	emized statement o	f all interest or additional charges	
6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim 7 SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available explain. If the documents are voluminous, attach a summary 8 DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.						
The original of this cor	npleted proof of claim form must be sen	t by mail	or hand delivered (FAXES	NOT	THIS SPACE FOR COURT USE ONLY	
BY MAIL TO BMC Group Attn USACM Claims Do P O Box 911 El Segundo CA 90245 (ocketing Center	BMC Grou Attn USA 1330 East	DR OVERNIGHT DELIVERY TO IP CM Claims Docketing Cente Franklin Avenue Io CA 90245	İ	MAY 3 1 2007	
DATE	SIGN and print the name and title if any of the this claim (attach copy of power of attorned)		other person authorized to file		USA CMC 	

Casa 06_10725-myz= Doc 0220	24-5	ntorod: 10/07/41 44	10-14 Dog	7 of 0
DISTRICT OF NEVADA	PRC	OF OF CLAIM		IM IS SCHEDULED AS:
Name of Debtor:	Case Nu	mber:	Schedule/Claim ID	s31929
USA Commercial Mortgage Company	06-107	25-LBR	Amount/Classificati \$0.00 Unsecured	on
NOTE: See Reverse for List of Debtors and Case Numbers. This form should not be used to make a claim for an administrative exparising after the commencement of the case. A "request" for payment administrative expense may be filed pursuant to 11 U.S.C. § 503. Name of Creditor and Address: LAWRENCE RAUSCH 10708 BRINKWOOD AVE LAS VEGAS, NV 89134-5245		Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. Check box if you have never received any notices from the bankruptcy court or BMC Group in this case. Check box if this address differs from the address on the envelope sent to you by the court.	scheduled by the De you agree with the a other claim against t this proof of claim E: If the amounts sho Unliquidated or Dis filed. If you have alrea Bankruptcy Court o	ed above constitute your claim as abtor or pursuant to a filed claim. If mounts set forth herein, and have no the Debtor, you do not need to file XCEPT as stated below. we above are listed as Contingent, sputed, a proof of claim must be ady filed a proof of claim with the r BMC, you do not need to file again.
Creditor Telephone Number (702) 2 44 - 8(0 3) Last four digits of account or other number by which creditor identifies	debtor		This SPACE	IS FOR COOK! GOL CILL
5-LBR	debtor:	Check here replain or if this claim amer	 a previously f 	filed claim dated:
1. BASIS FOR CLAIM	Retiree t	penefits as defined in 11 U.S	.C. § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death Services performed Taxes		salaries, and compensation or digits of your SS #:	(fill out below)	Other claims against service (not for loan balances)
Money loaned Other (describe briefly)		compensation for services pe	erformed from:	(date) to
2. DATE DEBT WAS INCURRED: 2-6-06	3. IF C	OURT JUDGMENT, DATE O	OBTAINED:	
4. CLASSIFICATION OF CLAIM. Check the appropriate box or boxes that	best descri	be your claim and state the amou	nt of the claim at the	time case filed.
See reverse side for important explanations. UNSECURED NONPRIORITY CLAIM \$	our claim	a right of setoff). Brief description of	f collateral:	ed by collateral (including
Check this box if you have an unsecured claim, all or part of which is entitled to priority.		Real Estate Value of Collateral		Other
Amount entitled to priority \$ Specify the priority of the claim:		Amount of arrearage a secured claim, if any:		at time case filed included in
Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)		Up to \$2,225* of deposits towa services for personal, family, of		
Wages, salaries, or commissions (up to \$10,000)*, earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4).	Ę	Taxes or penalties owed to go Other - Specify applicable part	vernmental units - 11	U.S.C. § 507(a)(8).
Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).	_	* Amounts are subject to adjus	stment on 4/1/07 and	every 3 years thereafter
5. TOTAL AMOUNT OF CLAIM \$ 1/00 3/ \$		with respect to cases commer	iced on or after the de	\$ 16 CO O O
AT TIME CASE FILED: (unsecured)	(:	secured)	(priority)	(Total)
Check this box if claim includes interest or other charges in addition to the	he principal	amount of the claim. Attach ite	emized statement of	all interest or additional charges.
 CREDITS: The amount of all payments on this claim has been creed. SUPPORTING DOCUMENTS: <u>Attach copies of supporting documents</u> of supporting documents accounts, contracts, court judgments, mortgages, security DOCUMENTS. If the documents are not available, explain. If the supporting the proof of claim. 	<i>uments</i> , s agreemer document	uch as promissory notes, pur its, and evidence of perfections are voluminous, attach a su	rchase orders, invo on of lien. DO NO ummary.	pices, itemized statements of T SEND ORIGINAL
The original of this completed proof of claim form must be see ACCEPTED).	nt by mail	or hand delivered (FAXES	NOT	THIS SPACE FOR COURT USE ONLY
BY MAIL TO: BMC Group Attn: USACM Claims Docketing Center P. O. Box 911 El Segundo, CA 90245-0911	Attn: US/ 1330 Eas	OR OVERNIGHT DELIVERY TO SUP ACM Claims Docketing Cent st Franklin Avenue do, CA 90245		
SIGN and print the name and title, if any, of the this claim (attach copy of power of attorn	ney, if any):	•		
5-30-07 Lawrence sp	usok	LAURENCE	G- RAYSCH	

UNITED STATES BANKRUPTCY 62UR DOC 932	arerooforeogyaim4		YOUR CLA	IM IS SCHEDULED AS:		
Name of Debtor:	Case Number:		Schedule/Claim ID	s31929		
USA Commercial Mortgage Company	06-10725-LBR		Amount/Classification \$0.00 Unsecured			
NOTE: See Reverse for List of Debtors and Case Numbers. This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503. Name of Creditor and Address: 12924490003059 LAWRENCE RAUSCH 10708 BRINKWOOD AVE LAS VEGAS, NV 89134-5245		statement giving particulars.	Bankruptcy Court or BMC, you do not need to file again.			
Creditor Telephone Number (%) 240 - 8103 Last four digits of account or other number by which creditor identifies	debtor:			E IS FOR COURT USE ONLY		
5-LBR	303.07.	Check here repla of this claim amer	a previously	filed claim dated:		
1. BASIS FOR CLAIM Goods sold Personal injury/wrongful death Taxes Money loaned Other (describe briefly)] Wages, Last four	penefits as defined in 11 U.S salaries, and compensation r digits of your SS #: compensation for services pe	(fill out below)	Unremitted principal Other claims against servicer (not for loan balances) to to (date)		
2. DATE DEBT WAS INCURRED: 1-1-04	3. IF C	OURT JUDGMENT, DATE (BTAINED:	(date) (date)		
 CLASSIFICATION OF CLAIM. Check the appropriate box or boxes that See reverse side for important explanations. 	Co4RT your claim	SECURED CLAIM		time case filed. red by collateral (including		
entitled to priority. UNSECURED PRIORITY CLAIM		Brief description of				
Check this box if you have an unsecured claim, all or part of which is entitled to priority.		Real Estate Value of Collateral		☐ Other		
Amount entitled to priority \$		Amount of arrearage a secured claim, if any:		at time case filed included in		
Specify the priority of the claim: Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)	Г	Up to \$2,225* of deposits toward				
Wages, salaries, or commissions (up to \$10,000)*, earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4).		services for personal, family, of Taxes or penalties owed to go	or household use -11	U.S.C. § 507(a)(7).		
Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).		 Other - Specify applicable pane * Amounts are subject to adjustith respect to cases commer 	stment on 4/1/07 and	l every 3 years thereafter		
5. TOTAL AMOUNT OF CLAIM \$ 50083 \$		\$		\$ 50083		
AT TIME CASE FILED: (unsecured) Check this box if claim includes interest or other charges in addition to t		secured) amount of the claim. Attach ite	(priority) emized statement o	(Total) f all interest or additional charges.		
 CREDITS: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. SUPPORTING DOCUMENTS: <u>Attach copies of supporting documents</u>, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. DATE-STAMPED COPY: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim. 						
The original of this completed proof of claim form must be se ACCEPTED).	nt by mail	or hand delivered (FAXES	NOT	THIS SPACE FOR COURT USE ONLY		
BY MAIL TO: BMC Group Attn: USACM Claims Docketing Center P. O. Box 911 El Segundo, CA 90245-0911	BMC Gro Attn: US/ 1330 Eas	OR OVERNIGHT DELIVERY TO DUP ACM Claims Docketing Cent st Franklin Avenue Ido, CA 90245				
DATE SIGN and print the name and title, if any, of the this claim (attach copy of power of attorname).		other person authorized to file				
13-30-07 Jaurena Deaus	11	Auperra 6.	RAYSCH			

Case 66-120 065-100725-1600 93320	dt 0533	n je red J.W.V) 6//01//04	r rabbly by	MO 9 OT 9
UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA	PROOF OF CLAIM			IM IS SCHEDULED AS
	Case Nur	mber	Schedule/Claim ID	s32630
Ivalite of Debtor		25-LBR	Amount/Classificat	ion
USA Commercial Mortgage Company	00-107	eo les i	\$2 525 44 Unsecu	red
			\$8773	73
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative exp	ense	Check box if you are	70/1-	11/21
larising after the commencement of the case A request' for payment	of an	aware that anyone else has filed a proof of claim relating	1	ntenezi
administrative expense may be filed pursuant to 11 U S C § 503		to your claim Attach copy of	scheduled by the D	ted above constitute your claim as ebtor or pursuant to a filed claim. If
Name of Creditor and Address	01727	statement giving particulars Check box if you have	you agree with the a other claim against	amounts set forth herein and have no the Debtor you do not need to file EXCEPT as stated below
THE THOMAS D LYNCH 1995 REVOCABLE LIVING TRUST		never received any notices from the bankruptcy court or	1 '	own above are listed as Contingent,
C/O THOMAS D LYNCH TRUSTEE		BMC Group in this case	Unliquidated or Di	sputed, a proof of claim must be
1011 ARMADILLO CT HENDERSON NV 89015 9446		Check box if this address	filed	ady filed a proof of claim with the
		differs from the address on the envelope sent to you by the		or BMC you do not need to file again
Creditor Telephone Number ()		court	THIS SPAC	E IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies	debtor	Check here repla	ces .	filed alarms detect
		if this claim amer	a previously nds	filed claim dated
1 BASIS FOR CLAIM	Retiree b	enefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death Services performed Taxes	_	salaries and compensation digits of your SS #	(fill out below)	Other claims against servicer (not for loan balances)
Money loaned Other (describe briefly)		ompensation for services pe	erformed from	(date) to
2 DATE DEBT WAS INCURRED	3 IF C	OURT JUDGMENT, DATE (OBTAINED	(acto) (acto)
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that				time case filed
See reverse side for important explanations		SECURED CLAIM		
UNSECURED NONPRIORITY CLAIM \$	our day-		our claım ıs secui	red by collateral (including
Check this box if a) there is no collateral or lien securing your claim or b) y exceeds the value of the property securing it or if c) none or only part of you	rour ciai m ir claim is	a right of setoff)		
entitled to priority		Brief description o	f collateral	<u></u>
UNSECURED PRIORITY CLAIM Check this box if you have an unsecured claim all or part of which is			Motor Vehicle	Other
entitled to priority		Value of Collatera	\$ Koar	DEVELOPMENT at time case filed included in
Amount entitled to priority \$		secured claim if any	s	<u>at inne case lileu</u> included in
Specify the priority of the claim Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	_			
Wages salanes or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's	L	Up to \$2 225* of deposits town services for personal family of Taxes or penalties owed to go	or household use 11	USC § 507(a)(7)
business whichever is earlier 11 U S C § 507(a)(4)	<u> </u>	Other Specify applicable par		
Contributions to an employee benefit plan 11 U S C § 507(a)(5)		* Amounts are subject to adju with respect to cases commer	stment on 4/1/07 and	d every 3 years thereafter
5 TOTAL AMOUNT OF CLAIM \$,	\$		\$
AT TIME CASE FILED (unsecured)	(9	secured)	(priority)	(Total)
Check this box if claim includes interest or other charges in addition to the	,	•	emized statement o	of all interest or additional charges
6 CREDITS The amount of all payments on this claim has been cre				
7 SUPPORTING DOCUMENTS <u>Attach copies of supporting docu</u>				
running accounts contracts court judgments, mortgages security	agreemen	ts and evidence of perfection	on of lien DO NO	OT SEND ORIGINAL
DOCUMENTS If the documents are not available explain If the 8 DATE-STAMPED COPY To receive an acknowledgment of the				d envelope and copy of this
proof of claim				
The original of this completed proof of claim form must be set ACCEPTED)	nt by mail	or hand delivered (FAXES	NOT	THIS SPACE FOR COURT USE ONLY
BY MAIL TO	BY HAND	OR OVERNIGHT DELIVERY TO	2	
BMC Group	BMC Gro	up		
Attn USACM Claims Docketing Center P O Box 911		ACM Claims Docketing Cent t Franklin Avenue	er	
El Segundo CA 90245 0911		do CA 90245		
DATE SIGN and print the name and title if any of the		other person authonzed to file		
6-3-07 this claim (affach copy of power of alton	ey if anv)			